

Operator Response

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation



Operator's Name	Claim Type	Claim Number	OMB No. 1215-0058 Expires: 09-30-04
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This report is authorized by the Black Lung Benefits Act. (30 U.S.C. 901 et seq.) While you are not required to respond, failure to do so may be deemed as acceptance of potential liability (20 CFR 725.413 (a)).

Acceptance of Liability

☐ This firm is the responsible operator within the meaning of the Black Lung Benefits Act.

Controversion of Liability

This firm is not the responsible operator because:

☐ The miner was never an employee of this firm.

☐ This firm was not the operator with whom the miner had the most recent period of cumulative employment of one year.

☐ This firm was not an operator of a mine or other covered facility for any period after June 30, 1973.

☐ The miner was not employed by this firm during the times alleged on the claim form. His/her periods of employment with this firm were:

1. From _____ To _____ Name of Mine _____

Location of Mine _____ (County) _____ (State) _____

2. From _____ To _____ Name of Mine _____

Location of Mine _____ (County) _____ (State) _____

Other (Explain): _____

Name & Address of Firm	Signature	Date
city: _____ state: _____ zip: _____	Title _____	

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Miner Workers' Compensation, Room C3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Form CM-970a
Rev. Jan. 01